U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1/1/14	2. Fiscal Year Covered From:			
f-k-fff	[] / [] / 2004 Through: [] / 31 / 2004			
Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Thomas (Ur) S Pictrzak	Name Bricklayers Local #22			
	Labor Organization File Number 025390			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 2225 Old Troy Pike	Street 3366 Successful Way			
city Dayton	city Dayton			
State 0 110 ZIP Code + 4 45404	State 0 h1'd ZIP Code + 4 45404			
5. Position in labor organization.				
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name	And the second s			
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
· · · · · · · · · · · · · · · · · · ·	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Mynn & Party	On 8/15/05 (937) 237-8463  Telephone Number			
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Name of Person Filing Thomas (Jr) S. Piptizak	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included the consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise			
8. Name and address of Business (including trade name, if any).  Name International Masonry Instituto  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 42 East St  City Annapoli's  State Manyland ZIP Code + 4 21401	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bklg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  Payments are made to the Masonry Institut gersue Collective Dargaining agree by the Union  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Ilacher's wages	e Anternational ant to the enerts negotials		
	12.b. Amount.	£3382,00		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name		VXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Trade Name, if any:	The state of the s	And a second consistency of the second consi		
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filing Thomas (3r) S. Pietrzak	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Bucklayus Local 22 Frung Benefit!  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2075 W Big Beaver Road, Septs 700  City Troy  State Michigan ZIP Code + 4 48084	9. Business deals with:  If a. Labor Organization  b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any:  P.O. Box, Bidg., Room No., if any	Payments are made to the New persuant to the Collective bar agreement negotiated by the	the Fund rgaining union		
Street	11.b. Approximate dollar value of such dealing.	and the second of the second o		
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	Roimbursoment for Wages trustee thinge benefits 51st Annual Conference-	445.49 173.51 1310,00 467,05		
	12.b. Amount.	467.05		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
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Trade Name, if any:	makes and a supplementary of a s	The second control of		
P.O. Box, Bldg., Room No., if any	we would have a second	William Control		
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Street		Caronamental		
City State ZIP Code + 4	Construence of Constr	Processor of the depth of the d		
Size Land Land Land Land Land Land Land Land				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			